

**ACSI Children's Tuition Fund  
School Registration  
2017-18  
(Pre-K)**

School Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: PA Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Administrator: \_\_\_\_\_ Email: \_\_\_\_\_

Primary CTF Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Primary CTF Contact Email: \_\_\_\_\_

Does your school offer any financial aid other than EITC/OSTC Scholarships?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are families that apply for EITC/OSTC/PKTC financial aid charged an application fee either by your school or a third party processor? YES \_\_\_\_\_ NO \_\_\_\_\_ Fee Amount? \$ \_\_\_\_\_

If yes, please provide details. \_\_\_\_\_

Is your school current with ACSI membership and will renew membership for the 2017-18 school year by October 1, 2017? YES \_\_\_\_\_ NO \_\_\_\_\_

Attached to this registration form is the current year Curriculum Alignment Letter. YES \_\_\_\_\_ NO \_\_\_\_\_

**Terms of Agreement:** Our school wishes to participate with the ACSI CTF to assist in the student's education. We acknowledge that continued payment by the ACSI CTF is contingent on the family maintaining the prescribed conditions of eligibility and remaining current regarding their financial obligation to the school. We agree to monitor the situation and report to ACSI CTF any conditions that would disqualify the family from participation in this program. Should any conditions occur that would change the amount of the award given to the family, we will inform ACSI CTF. We understand further that ACSI CTF may, in consultation with a participating school, annually review the current status of participating students for the purpose of monitoring and verifying their continued eligibility for participation in the ACSI CTF program. Finally, we certify the above information to be correct and agree to the terms outlined.

Please Print: \_\_\_\_\_  
Administrator or Equivalent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator or Equivalent